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## APPLICANTS

Lance Weston, East Northport, NY;

Edward L. Fontana, Hauppauge, NY;

Larry A. Sternstein, Melville, NY;

\*\* CONTINUING DATA .....

m No

\*\* FOREIGN APPLICATIONS .....

ID No

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

HONEYWELL INTERNATIONAL, INC.  
 LAW DEPARTMENT  
 101 COLUMBIA ROAD  
 MORRISTOWN, NJ  
 07692

## TITLE

Input transient protection for electronic devices

FILING FEE  RECEIVED 1724	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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